



RESOURCES

31 August 2007, marks the fifth African Traditional Medicine Day,

QUALITIES OF A COMPETENT TRADITIONAL PRIEST/HEALER

- Good learner
- Good knowledge of your geographical, geology (understanding soils), culture, history, social, political, economic and general aspects related to your field
- Sincerity and profoundness (passionate)
- Hygiene conscious

- Appearance
- Mannerism (not intimidating)
- Easily approachable
- Openly communicate with all people in all situations
- Honesty and courageous to recognize own capacity
- Decisiveness
- Respect for oneself and others (maintain the 'Ubuntu' principle)
- Loyalty
- Medico-legal understanding and knowledge
- Health and Human Rights activist

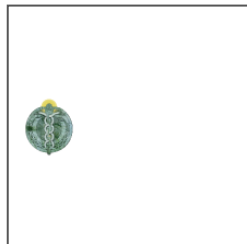
4th International Conference on Medicinal Plants & Herbal Products

<http://www.icmphp.org/>



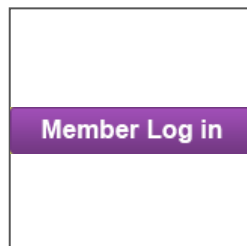
Traditional Roots Herbal Conference | Traditional Roots Institute

<http://traditionalroots.org/traditional-roots-herbal-conference/>



Integrative Medicine & Health 2014

<http://www.ircimh.org/>



2013 International Conference

<http://www.nhaa.org.au/events/2013-international-conference>

The NHAA is professional association representing herbalists and those interested in herbal medicine. Here you will find informati...

Welcome To Christian Council of Ghana

<http://www.christiancouncilgh.org/governance.htm>

Welcome to the official website of the Christian Council of Ghana.

Africa - Human Development

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/0,,contentMDK:20266824~menuPK:538117~pagePK:146736...>



Christian Council of Tanzania | An ecuminal organization in Tanzania

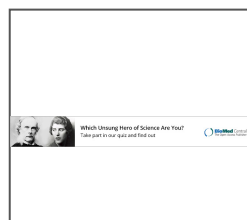
<http://cct-tz.org/>

Christian Council of Tanzania

<http://berkleycenter.georgetown.edu/resources/organizations/christian-council-of-tanzania>

Religion and Development Database

<http://berkleycenter.georgetown.edu/resources/topics/religion-and-development-database>



Experience of initiating collaboration of traditional healers in managing HIV and AIDS in Tanzania

<http://www.ethnobiomed.com/content/3/1/6>

Collaboration between traditional healers and biomedical practitioners is now being accepted by many African countries sou...



Tanzania: Traditional Medicine Excels Where Science Fails

<http://allafrica.com/stories/201211020138.html>

THE case of Leonard Jilitu, Nyihogo Ward Chairman in Kahama District, illustrates the effectiveness of traditional medicines against...



KNOWLEDGE MATTERS: Govt: Traditional herbal healers should follow medical laws

<http://eonyango.blogspot.com/2013/12/govt-traditional-herbal-healers-should.html>





BIODIVERSITY AND INTELLECTUAL PROPERTY RIGHTS IMPLICATIONS FOR INDIGENOUS PEOPLE OF SOUTH AFRICA

Herewith is a defense, raised by the traditional healers and indigenous community, in an effort to have the S implementation of regulations pertaining to the regulation and control of African traditional medicines under t Act. We note with concern that the SAMMDRA not only infringes upon the rights of citizens under our Constitution (Act 108 of 1996), but also the Declaration On The Rights Of Indigenous Peoples (1996), and traditional knowledge for drug patenting which is in contravention of the Bio-diversity Convention (1992)

BIODIVERSITY AND INTELLECTUAL PROPERTY RIGHTS - IMPLICATIONS FOR INDIGENOUS PE AFRICA

Biopiracy and Indigenous Traditional Medicine Knowledge

The blatant plunder of indigenous knowledge and genetic resources in South Africa continues unhindered monitoring. Since 1997, We have been monitoring private and public enterprises (or their intermediaries) who ar sampling and acquiring traditional knowledge for the development of pharmaceutical products. What c international organizations are entering South Africa to carry out this research. Not even the World Health Org scrutiny in this regard.

"Biopiracy" refers to the use of intellectual property laws (patents, plant breeders' rights) to gain exclusive mo genetic resources that are based on the knowledge and innovation of indigenous peoples. Biopiracy and biopr happen in the field ; biopiracy is even more likely to take place in the laboratories of industry and academia, and the cities not even in South Africa.

Biopiracy : The Inequitable Sharing of Benefits

We find it evident that the pharmaceutical industry have reached a sense of exhaustion in the development of synt now focusing their attention onto higher plants for potential cures. This, together with a fastest growing sector of alternative medicine, is forcing pharmaceutical companies to re-focus their resources in medicine development.

While South Africa looks at benefits involved in using traditional resources for foreign capital, it is important to n over of some staple resources can be of detriment to the public at large. We have carried out a simple risk/be sphere of traditional medicines as one example.

It is a well known fact that the World Health Organization and its Collaborating Centers For Drug Policy Medicines are behind an initiative which is pushed by the pharmaceutical industry to scour our indigenous traditional healers knowledge for potential drug development. At a recent WHO conference in Italy, named Complimentary Medicines - 2nd WHO conference on Medicinal Plants on the 3rd and 4th of March 1999, a new member of the Medicines Control Council, Dr. Isaac Mayeng, represented South Africa.

Dr. Mayeng is known by our organization as a "biopirate", because he has been actively involved in traditional medicine research at the University of Cape Town's Traditional Medicines Research Project (TRAMED). This specialized research department is actively screening our regions traditional plants for potential drug development, under the auspices of anti-malaria research. It is noted that a vast amount of traditional medicine knowledge has been recorded by the department over the years, some of it being donated to the university by Noristan Laboratories, who handed over their traditional medicine library base in the early nineties. This institution is currently under the directorship of Professor Peter Folb, WHO Collaborating Center For Drug Policy.

Many traditional healers have been exploited for this ethno-botanical knowledge accumulation from all corners of the country, the carrot hung before their nose with offers of money and even registration.

In a recently published WHO document it states that the World Health Assembly has adopted a number of resolutions drawing attention to the fact that most of the populations in various developing countries around the world depends on traditional medicine for health care. (WHO Fact Sheet N 134 September 1996) Healers facilitate an important resource for the furtherance of health care, that the work force represented by practitioners of traditional medicine is a potentially important resource and that medicinal plants are of great importance to the health of individuals and communities. (WHO Fact Sheet N 134 September 1996) However they do not seem to involve the traditional healers, and the local communities in their resolutions. This lack of representation raises serious question about the motives of the WHO in this regard.

Through its Traditional Medicine Programme, the World Health Organization (WHO) supports South Africa to formulate a national policy on traditional medicine and to study the potential usefulness of traditional medicine and to examine the efficacy of remedies.

We have clearly noted that Folb has been actively supporting the proposed regulatory system for complimentary traditional medicines in his capacity of previous Chairman of the Medicines Control Council. We have noticed how issues involved with these substances are blatantly ignored, considering that up to 68% of deaths caused by acute poisoning among indigenous South Africans are directly linked to traditional medicine toxicity. Surely the WHO and the medicines control council should be evaluating not only the efficacy of these "patentable" bio-products, but should be actively supporting education about the toxicity issues involved.

The WHO state " Medicinal plants are also important for pharmacological research and drug development, and their constituents are used directly as therapeutic agents, but also when they are used as basic materials for the synthesis of models for pharmacologically active compounds." (WHO Fact Sheet N 134 September 1996) So, here we have the WHO is behind the pharmaceuticalization and expropriation of traditional medicines, MONEY for drug companies. Our South African situation is not unique however. We know that the WHO is working closely with 19 other Collaborating Centers in ten countries such as Belgium, China, Democratic People's Republic of Korea, Italy, Japan, Republic of Korea, United States of America and Vietnam.

We have also noted that it is not only the WHO who are responsible for this bio-piracy endorsement. There is a growing interest being shown of our bio-diversity by international pharmaceutical companies and their intermediaries. A good example of a blatant bio-piracy operation in the development of an appetite suppressant drug called P57, which was developed by Physer Pharmaceuticals from an indigenous succulent of the Cape Karoo region. This company has stated that the

of the marketing of this drug will exceed R1 000 000 000 billion. We ask how much of this will be given back to the them to "their" discovery. Another recent bio-piracy situation involved the commercialization of a patented medicine African Potato. We know that the sale of this products over the last eighteen months has reached into the R 20 000 and will now be aggressively marketed overseas.

In some cases traditional healers are individually paid for their information pertaining to traditional medicines drug's development and eventual marketing. These flimsy agreements entered into by healers and pharmaceutical institutions such as TRAMED allow many underprivileged healers who are on the bread-line to receive a pittance for their entire ancestral wisdom. In our opinion, the contracts which these healers sign into are an insult to the indigenous healers call these individuals "sell outs" because they have broken the pact of secrecy among healers, who are the custodians of their medicinal knowledge.

The pharmaceutical industry sector which is involved in traditional medicine research says that it is not patent-dependent and does not pursue patents for many products.

Agreements often blur the lines between public (university) and private research, and between conservation and development. Farmers and indigenous people have reason for concern about intermediaries that seek to negotiate bioprospecting with communities and then position themselves to receive and manage benefits earmarked for communities' biodiversity.

What is Bioprospecting and How Does it Relate to our Indigenous Peoples?

Recently in South Africa a genuine interest in various traditional practices exists among practitioners of medicine. Increasing numbers of practitioners of traditional, indigenous or alternative systems are beginning to accept and use modern technology. This will help foster teamwork among all categories of health workers within the framework of primary health care. We truly believe that the government should primarily be using its resources in encouraging traditional healers to be part of the health care delivery system. However, it is noted that priority is given by means of financial grants and resource distribution on the bio-piracy scene and not the furtherance of the practice of traditional medicine in its cultural form.

We believe the reasons for the inclusion of traditional healers in primary health care are manifold: the healers know the background of the people; they are highly respected and experienced in their work; economic considerations; they are covered in some sub-regions; the strength of traditional beliefs; the shortage of health professionals, particularly in rural areas; and just a few.

Biodiversity prospecting is the exploration, extraction and screening of biological diversity and indigenous knowledge for commercially valuable biochemical resources. While it is true that biodiversity prospecting does not always respect indigenous knowledge, it is clear that valuable chemical compounds derived from plants, animals and microorganisms have been identified and of greatest commercial value when collected with indigenous knowledge and/or found in territories inhabited by indigenous peoples. It is a fact that bio-pirates have a 60% better chance of finding a cure with traditional medicine (Rural Advancement Foundation International Report 1996)

The Convention on Biological Diversity entered into force in December, 1993. The Convention offers a multilateral framework for addressing conservation and sustainable use of biodiversity, but offers no multilateral mechanisms for making decisions. The Convention promotes bilateral deals (commercial contracts and other agreements for access to biodiversity). The Convention provides a strong plan of action based on broad, multi-regional cooperation for access to --and development of --biological diversity. On the positive side, the Convention recognizes that states have sovereign rights over their natural resources, and that conditions for access to these materials are within the domain of national legislation. The Convention also recognizes the importance of innovations and practices of indigenous and local communities" and specifically "encourage[s] the equitable

arising from the utilization of such knowledge, innovations and practices"

Herbal traditional medicines are assuming greater importance in the primary health care of individuals and developing country and there has been an increase in international trade in our herbal medicines. Endemic h (Agathosma betulina / A. crenulata), Aloe (Aloe ferox), Mistletoe (Viscum album), St. John's Wort (Hypericum | Claw (Harpagophytum procumbens), Nettle (Urtica dioica), are but a few of our export herbs, which are rea international pharmaceutical companies for their sub-division companies which produce herbal supplements. The WHO states "In most countries the herbal medicines market is not adequately regulated, and the pro unregistered and often not controlled by regulatory bodies. The establishment of regulation and registration proce major concern in both developed and developing countries" (WHO Fact Sheet N 134 September 1996)

We believe the attempt of the South African government to regulate traditional medicines has been carried out needs more input from a broad spectrum of stake holders, including traditional healers, conservationists, and wat such as PHARMAPACt who are concerned about the healers intellectual property rights being manipulated by in the state.

As it stands, the Biodiversity Convention offers passive endorsement of bilateral contractual agreements that communities and countries against one another. While multinational corporations are free to patent phyto-mec effective guidelines and conditions defined for recognizing and rewarding the contributions of traditional healers and other informal innovators who are responsible for nurturing, using and developing natural health care worldv Within the framework of the proposed and hurried regulations for the control of traditional medicines, we bel should be imposed. Such safeguards should include active promotion of the clauses of the Biodiversity Conven writing of a local Biodiversity Section under the Department of art and Culture or Department of Trade and Indu: Scientific institutions, such as the University of Cape Town's TRAMED project seek access to traditional medicin primary purpose of developing profitable products. It is our contention, through a comparative study of otl traditional medicines are brought into the pharmaceutical arena that no matter how convincing the rhetoric, cons are secondary issues. Once indigenous peoples share traditional health information or plant material they effectiv those resources, regardless of whether or not they are compensated.

If formulas using traditional medicine knowledge are eventually patented, access to these cost effective and freely can be legally restricted by monopoly patents and registrations by means of registering health claim benefits. African Medicines, and Medical Devices Act (SAMMDRA) and it's regulations will empower the bio-parates an the healers have not got the technical or financial resources to enter the playing field of traditional medicine prod be their right. No matter what the circumstances, indigenous communities must have the right to say "no" to bio-bio-prospectors.

Some people believe that current levels of technology will allow drug pharmaceutical companies and science-l undermine the importance of traditional medicine and respect for indigenous knowledge.

This may ultimately increase medical costs and create new dependencies on multinational drug companies fo population in our developing nation who currently rely upon traditional medicine for their primary health care i afford to loose our heritage and cost effective primary health care in the form of effecive traditional medic pharmaceutical profiteering ?

According to rough estimates, medicinal plants from the South Africa can contribute at least R2 billion a year to industry. It is conservatively estimated that the market for natural product research specimens (samples or materials) within the South African pharmaceutical industry alone is R20 million per annum. Not surprisingly hunters are in feverish pursuit. What is sad is that the money which is gained from these international bio-piracy be plowed back into the South African economy, but siphoned out of the country to off-shore bank accounts.

We implore the State to assist in protecting intellectual integrity of indigenous and other rural peoples. It is in Africa stick to the principles of maintaining Biodiversity and culture. This includes the right of indigenous people benefit from their traditions and genius, and to be compensated for their ongoing role in conserving and creating intellectual integrity also means the right of indigenous communities to say "no" to bio-pirates, or to legitimate While it is proper and necessary to upgrade international accords related to "prior informed consent" (PIC) for indigenous knowledge, it is urgent that the Convention also acknowledge the right of nations and communities not the assumption should be that communities have NO INTENTION OF CONSENTING (NIC). (Rural Advan International)

In the absence of a convincing local and global ethic or clear intention on the part of the international communities and our national government have every right and reason to declare a moratorium on further research agreements, and the SAMMDRA regulations regarding the sale of traditional medicines.

There is no moral reason, at any time, to permit the patenting of living products or processes. There is even less Africa to allow intellectual property over biomaterials when our own medicinal plants and indigenous knowledge pirated by local and overseas corporations. Current intellectual property systems do not, and will not, protect the community innovators.

We believe that indigenous peoples' organizations must receive financial support to ensure their full and effective decision-making for that which affects the conservation and use of indigenous medicine knowledge.

Political, scientific, technical and administrative organs state, namely the Department of Health, Department of Affairs, Department of Arts And Culture should collaborate on looking at this social issue. These organs of State effective membership of indigenous peoples' organizations at all times. Funds allocated at all levels must ensure financial resources are made directly to the indigenous communities involved in projects, and not through intermediaries raised can be fruitfully applied in the Reconstruction and Development Plan for positive development of indigenous people been victimized through unjust processes.

Unfortunately in the past it has been noticed that some groups positioning themselves between the pharmaceutical communities, such as academics of TRAMED, small bioprospecting companies, and even NGOs who have continued serving deals.

The legislative control in respect of medicinal plants has not evolved around a structured control model. We authorities to seriously re-consider their actions by bulldozing the Listing System for the registration of traditional the new South African Medicines, And Medical Devices Act.

We challenge the South African government to place a moratorium on the insidious over-regulation of traditional their forms, and to engage in meaningful dialogue with the communities who are being exploited in this proposal should be aware that by following the WHO's resolutions to the last letter will alienate our people from the government true sense of mistrust. Already, the traditional healers have requested a moratorium on the regulation of biomaterials in the form of herbs and other traditional medicines. (Interim Coordinating Committee Of Traditional Practitioners of South Africa - 27th Feb 1999) We hope that the State stops for a second, and listens to its people in

Indigenous people have been so oppressed by the evils of the past, and now it looks like the cash king is to override interest once again through non-representative groups who are calling for control without the input of the mandated communities.

Many of the traditional healers are beginning to question the motives behind the bio-piracy scam. Many bio exploiters have exploited the indigenous peoples' lack of recourse to legal challenge in the previous oppressive regime, but are not aware of the reality of what has been happening and what may happen if the bio-piracy continues and is endorsed by our authorities in disregard of the people's wishes.

Many healers are now joining in a new struggle to preserve their cultural integrity and are actively canvassing for the expropriation of natural health substances by the pharmaceutical industry, the Medicines Control Authority, and WHO.

We support them in their awakening and their call to strengthen South Africa's sovereignty, biodiversity, and self-determination.

DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES UNITED NATIONS

ARTICLE 2

Indigenous individuals and peoples are free and equal to all other individuals and peoples in dignity and rights, and they shall not be free from any kind of adverse discrimination, in particular that based on their indigenous origin or identity.

By instituting the SAMMDRA with its new definition of a Complementary Medicine, which includes the "traditional medicines", the state has clearly oversteered the mark. It is a fact that no traditional healer's groupings are consulted prior to the inclusion of their medicines under the SAMMDRA.

ARTICLE 7

Indigenous peoples have the collective and individual right not to be subjected to ethnocide and cultural genocide, and to the prevention of and redress for:

It is our contention that the implementation of the SAMMDRA and the expropriation of marketed traditional medicines contribute to the ethnocide of traditional African medicine, because the healer/s will be hindered in their trade by setting high fees and stringent, first world regulations over the sale and manufacture of their goods. The SAMMDRA prevents the traditionalists from aspiring to enter the herbal market, because of financial, technical, educational, and legal barriers set out in the SAMMDRA

- a. any action which has the aim or effect of depriving them of their integrity as distinct peoples, or of their cultural identities;
- b. any action which has the aim or effect of dispossessing them of their lands, territories or resources;
- c. any form of population transfer which has the aim or effect of violating or undermining any of their rights;
- d. any form of assimilation or integration by other cultures or ways of life imposed on them by legislative, administrative, or other measures;
- e. any form of propaganda directed against them.

Propaganda is clearly directed towards the indigenous healers by the SAMMDRA, by means of telling the healers that their medicines are "packaged" by the regulations. However it is still not known, by definition, what a packaged or marketed medicine is. It is considered wrong for the SAMMDRA to make such assumptions without any clear mandate being set which is not construed as "packaged", "marketed", "labeled" or "bottled".

According to our definition, this does include traditional medicines sold on street curbs, muti shops, etc, because these medicines are bottled with labels for public consumption.

ARTICLE 12

Indigenous peoples have the right to practice and revitalize their cultural traditions and customs. This includes the right to protect and develop the past, present and future manifestations of their cultures, such as archaeological and historical sites, designs, ceremonies, technologies and visual and performing arts and literature, as well as the right to the restitution of intellectual, religious and spiritual property taken without their free and informed consent or in violation of their customs.

It is believed that the SAMMDRA will restrict the sale of traditional medicines, which are often bartered or sold within the country. In many cases healers use plant-based remedies which are imported from different regions. The restriction of herbs not being able to be packaged and wholesaled to different parts of the country will restrict the present and future of the culture. As all cultures grow, the SAMMDRA will hinder any further manifestations of the traditional healers which may include the entering into legitimate business by marketing his/her herbs available through health stores, etc.

However, because of the social difficulties relating to low income in many cases, the regulations will make it impossible for indigenous communities to develop a market which will be competitive with other forms of traditional medicines etc..

ARTICLE 19

Indigenous peoples have the right to participate fully, if they so choose, at all levels of decision-making in matters affecting their rights, lives and destinies through representatives chosen by themselves in accordance with their own procedures to maintain and develop their own indigenous decision-making institutions

Traditional healers and communities have not thus far been included in the deliberations of the SAMMDRA and have not participated in these matters which effect their rights. It is also noted that the MCC and the CMC appointed healers to make decisions on behalf of them. Despite the call to remove these office bearers by the community, no action has been taken to remedy the situation to date.

ARTICLE 20

Indigenous peoples have the right to participate fully, if they so choose, through procedures determined by them, in the formulation of administrative measures that may affect them. States shall obtain the free and informed consent of the peoples before adopting and implementing such measures.

The SAMMDRA has been implemented without the consent of the majority of the indigenous community and has affected that their community, through the Health Freedom South Africa initiative and the latest 27th of February 2017, SAMMDRA, have called for a halt to the SAMMDRA Act and the Regulations pertaining to their medicines. The MCC have indicated a halt. There has been no consent of the peoples concerned before adopting and implementing SAMMDRA measures.

ARTICLE 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to health. In particular, indigenous peoples have the right to determine and develop all health, housing and other economic and social activities affecting them and, as far as possible, to administer such programs through their own institutions.

It is important to note that it is the indigenous peoples who have the right to determine and develop their health and the State and the SAMMDRA to dictate the rules without due consultation with the indigenous healers and communities. It is considered that an autocratic, non-equitable, non-democratic and non-transparent situation has developed under the SAMMDRA open to challenge on ethical and constitutional grounds.

ARTICLE 24

Indigenous peoples have the right to their traditional medicines and health practices, including the right to the medicinal plants, animals and minerals.

The blatant theft of traditional medicines knowledge from the indigenous healers is cause for concern among them. It is noted that government institutions and private industrialists are clamoring for traditional medicine knowledge for new "patentable" drugs, through bio-prospecting. This is of great concern to the indigenous people, because no regard for the use of the indigenous peoples intellectual property rights. Healers are therefore being exploited for capital gain. That the SAMMDRA may restrict the availability of medicinal plants and minerals used in traditional culture for the practice of traditional medicine in all its facets, including the commercial distribution of traditional medicines by multi traders should therefore be encouraged by the State and not hindered.

ARTICLE 29

Indigenous peoples are entitled to the recognition of the full ownership, control and protection of their cultural property. They have the right to special measures to control, develop and protect their sciences, technologies, innovations and manifestations, including human and other genetic resources, seeds, medicines, knowledge of the properties of flora and fauna, traditions, literatures, designs and visual and performing arts

It is important to note that the indigenous healers and communities have been precluded from deliberations which affect their cultural and intellectual property. This still remains the status quo. In this case the indigenous healers and communities are not empowered to be self governing in areas of protecting their healing sciences, medicines, traditional medicine and cultural traditions relating to their cultural medicine lore, but are having their foundations rapidly eroded by non-representative groups and committees (Eg : the Complimentary Medicines Committee of the Medicines Control Council and the Traditional Medicine Committee of the National Reference Centre For Traditional Medicines, National Drugs Policy).

ARTICLE 31

Indigenous peoples, as a specific form of exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, including culture, religion, education, information, media, health, employment, social welfare, economic activities, land and resources management, environment and entry by non-citizens and means for financing these autonomous functions.

It is noted with concern that the indigenous healers and peoples are not being offered the opportunity for self-determination due to the over-regulation of all natural health products, including traditional medicines. This is clearly evident from the lack of representation of traditional healers on the CMC, who conceded to allowing the MCC and the Department of Health to regulate traditional medicines in the SAMMDRA Act. This we believe is illegal and ill-considered, considering the lack of representation of any groupings. It is also noted that these members did not fulfill their basic function of bringing the people on board, nor passed on any information regarding the SAMMDRA to the indigenous communities during the setting up of the Listing System under the SAMMDRA. It is noted with concern that members who were supposed to represent the indigenous community, had direct financial interests in natural health care manufacturing, thereby allowing them to pursue their self-interest.

ARTICLE 39

Indigenous peoples have the right to have access to and prompt decision through mutually acceptable and fair resolution of conflicts and disputes with States, as well as to effective remedies for all infringements of their individual and collective rights. Such a decision shall take into consideration the customs, traditions, rules and legal systems of the peoples concerned.

Traditional healers groupings, who represent the indigenous healers have on many occasions requested that the Department of Health, and the Medicines Control Council stop the deliberations of the CMC before the SAMMDRA is implemented.

December 1998.

This has been done either by written protest or protest at meetings where such deliberation took place. Up until it's mentioned organs have not conceded nor written back to acknowledge these grievances. This lack of just admitted to the considered illegal and unenforceable SAMMDRA and it's regulations. More spurious however, was indigenous healers mandated organizations, namely Health Freedom South Africa and PHARMAPACT in part 1998, when these issues, among others were to be raised.

ARTICLE 45

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage or perform any act contrary to the Charter of the United Nations

We call upon the State to take serious cognizance of the grievances of it's indigenous healers and peoples in the urgent appeal to the State to exercise more consideration not only to constitutional infringements by implementing a system under the SAMMDRA, but also reconsider the implications of furthering the Listing System in the Declaration On The Rights Of Indigenous Peoples (United Nations). Also make note of our concern relating to indigenous rights violation, which fall under the Bio-diversity Convention of 1992.



Provide an ambulance in Wakiso, Uganda

<http://www.globalgiving.org/projects/help-buy-ambulance-for-wakiso/>

Loyal Foundation Clinic in Entebbe provides free essential health care for some of the poorest people in Uganda. Last year we hel...

See also

[THE OPPORTUNITY](#)

[PLANNING PROCESS](#)

[IN THE NEWS](#)

[PLANNING COMMITTEE-INTERNATIONAL AND GHANA](#)

Like 0

Tweet

G+1

0

Pin it

Shortlink:

snk.to/wMXQ

Page shortlink: snk.to/wMXQ

Share

Free website builder by [snackwebsites](http://snackwebsites.com)